

theory, though perhaps unable to give any reason for it. Recently GEIGEL (*Virchow's Archiv*, Bd. 140, Heft 2, S. 385) has investigated the matter according to well-known facts in physics. Assuming with Funke that the first sound of the heart corresponds to sound-vibrations at the rate of 200 per second, a murmur of the same pitch would require for its production, if due to eddies, a tube (the heart) one metre and fifty centimetres long. This shows the fallacy of the eddy theory, and leaves the theory of lateral vibrations in the walls or valves, due to the friction of the blood, the only rational one.

THE GENESIS OF EPILEPTIC ATTACKS.

From an extensive experimental study BECHTEREW concludes (*Neurologisches Centralblatt*, 1895, No. 9) that in adult animals irritation of the cortical centres can lead to epileptic attacks. If the basal ganglia take part in the attacks, they do so principally in the tonic spasms. Such things as mechanical irritation in the region of the pons, concussion, and intoxication can cause epileptic attacks of basal origin, but even in such cases the cortex takes part and gives the epileptic character to the convulsions.

MYOSITIS OSSIFICANS AND DISEASE OF THE SPINAL CORD.

EICHHORST (*Virchow's Archiv*, Bd. 133) describes two cases of this rare disease which add probability to the view that it is of spinal and trophoneurotic origin. In one case there was a congenital meningocele in the lower part of the lumbar cord, with abnormal development of hair in the vicinity. There was a perforating ulcer of the left great toe. In the second case there were marked tabes, diabetes insipidus, and finally perforating ulcer of the left foot, from which sepsis, eventually fatal, arose.

THE TREATMENT OF TYPHOID FEVER BY STERILE CULTURES OF *BACILLUS PYOCYANEUS*.

RUMPF has given a later report on this subject (*Bericht über die Verhandlungen des 13 Congress für innere Medicin. Centralblatt für innere Med.*, 1895, No. 21, p. 30). *Streptococcus* cultures had no effect whatever, whereas sterile cultures of blue-pus bacilli had an effect similar to that of the typhoid bacilli. Out of sixty-five cases 13 to 20 per cent. were not affected. In the others the injection caused a primary rise and a fall of temperature on the second day. In this way the stage of continued fever was cut short, became remittent, and apyrexia followed. The author ascribes this not to a specific action of the blue-pus bacilli, but rather to an irritation by which the body is excited to protective action. The experiments have at present a purely scientific value, as the dosage is uncertain and the activity of the cultures variable.

ABSORPTION BY THE RECTUM.

POSNER (*Ber. über die Verh. des 13 Congress für innere Med.*) has made some observations showing the rapidity of absorption of certain substances by the rectum. Certain solutions, like indigo-carmin, methylene-blue, etc., injected

into the rectum appear within fifteen minutes in the bile and urine. Other substances, such as naphthol-green B, were not absorbed at all. The experiments confirm early observations as to the importance of the rectum in absorbing remedies or poisons, and led von Noorden to recommend anew the use of quinine suppositories in whooping-cough.

SURGERY.

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THE ASEPTIC TREATMENT OF SUPPURATION.

ZEIDLER (*Cent. für Chir.*, April 6, 1895) commends asepsis in the treatment of suppurating wounds. The method employed is the following: The field of operation is carefully prepared. After the ordinary operative technique the cavity is wiped out with sterilized gauze. As a rule, irrigation is not necessary; if it seems necessary, a sterile 0.6 per cent. salt-solution should be used. The wound is then packed fully with sterilized gauze, but not tightly. The further dressing is of sterilized absorbent material.

At the next dressing the skin about the wound is washed with ether or benzine, and the granulating wound dressed with dry sterilized gauze without irrigation. In most cases a dry dressing is sufficient; in some, however, a moist dressing does better; the moistening should be done with salt-solution. The author has not seen decomposition in the wound-secretion in a dressing that remained on for eight days. Free drainage with plenty of sterile absorbent dressing is all that is requisite. The course of the healing is very good. The amount of secretion is small. The dressing is renewed every eighth day.

THE TREATMENT OF STAB-WOUNDS OF THE THORAX.

HUGET and PÉRAIRE (*Rev. de Chir.*, January, 1895) consider that these wounds should be dressed when possible before the patient is moved any distance, since jarring favors hæmoptysis and endangers life. Hypodermatic injection should be used but seldom, and only when the depression is great, as the syncope favors hæmostasis. Caffeine and artificial serum hypodermically injected are to be preferred. Ordinary measures, such as the external application of cold and iced drinks, injections of ergotine, compressive